



**County of Los Angeles • Department of Health Services  
Emergency Medical Services Agency  
10100 Pioneer Boulevard, Suite 200- Santa Fe Springs, CA 90670**

**APPLICATION  
APPROVED STROKE CENTER (ASC)**

**Hospital:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Name of person completing this form:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Is hospital currently certified as a primary stroke center by a Centers for Medicare and Medicaid Services (CMS) accreditation organization? ☐ Yes ☐ No

If **yes**, what was the date of certification? \_\_\_\_\_

If **no**, is hospital in the process of applying? ☐ Yes ☐ No

If **yes**, when do you anticipate certification? \_\_\_\_\_

If **no**, please keep the EMS Agency informed if a change is made in the future.

Hospital meets the minimum requirements for approval as an ASC according to EMS Agency policy Reference No. 521? ☐ Yes ☐ No

**Name of Stroke Program Medical Director:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Name of Stroke Program Nurse Coordinator:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Hospital agrees to abide by Los Angeles County EMS Agency ASC Standards**

\_\_\_\_\_  
**Signature:** Stroke Program Director

\_\_\_\_\_  
**Signature:** Chief Executive Officer

If hospital is certified by a CMS approved accreditation body as a Primary Stroke Center and wishes to be approved as an ASC by the Los Angeles County EMS Agency, please complete and submit this application to:

County of Los Angeles • Department of Health Services  
Emergency Medical Services Agency – ATTN: Christine Clare, Chief of Hospital Programs  
10100 Pioneer Boulevard, Suite 200- Santa Fe Springs, CA 90670  
Phone: (562) 347-1661; Fax: (562) 946-6701; Email: [cclare@dhs.lacounty.gov](mailto:cclare@dhs.lacounty.gov).